

dozen of those grandchildren, I recognize the importance of love and protecting our children, our most valuable asset.

Therefore, I rise today to offer a resolution referencing the importance of our Nation's children. Amidst all the talk of balanced budgets, taxes and entitlements and their importance, too, to our children, we often overlook the need to protect what truly is the most priceless resource in this country, and that is our children. But like any other valuable, our children's safety is often threatened. Losing a child is a nightmare which has become a reality for far too many Americans. In fact, a recent study conducted by the Princeton Survey Research Associates indicated that the number one fear of 54 percent of the parents who responded is that their child might be kidnapped. And while most missing children are returned to their homes safely, many are exposed to the evils of exploitation.

The gentleman from Florida [Mr. McCollum] referred to several statistics released recently by the Justice Department. A couple of those statistics are that more than 300,000 children are abducted by family members each year and that nearly two-thirds of our State prisoners serving time for rape and sexual assault victimized children and that sex offenders are nine times more likely to repeat their crimes than any other criminal.

Mr. Speaker, our law enforcement agencies are constantly faced with the difficult task of stopping crimes against children, and Congress has done a commendable job in recent months with the passage of two acts, one the Megan's law which gives citizens the power to educate themselves with sex offender registration information and, two, the Sexual Offender Tracking Identification Act, which aids law enforcement officials in tracking down threats to our children.

Both these measures are a good start but there is much work to be done yet. Therefore, Mr. Speaker, I am pleased to offer House Resolution 154, which expresses the sense of Congress that the Nation's children are its most valuable resource and that their protection should be our Nation's highest priority.

House Resolution 154, as reported earlier, also urges local and State governments to take appropriate action to ensure the safety and protection of children within their jurisdictions and to severely punish offenders of such crimes. I would like to recognize the diligent efforts of the National Center for Missing and Exploited Children, the subcommittee chairman, the gentleman from Florida [Mr. McCollum], the ranking member, the gentleman from Massachusetts [Mr. Hyde] and the other members in the leader's office for their help with this measure. I urge my colleagues to join me in passage of this resolution.

Mr. McCollum. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida [Mr. McCollum] that the House suspend the rules and agree to the resolution, House Resolution 154.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

#### WAIVING MEDICAID ENROLLMENT RULE FOR BETTER HEALTH PLAN OF AMHERST, NY

Mr. PAXON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2018) to waive temporarily the Medicaid enrollment composition rule for the Better Health Plan of Amherst, NY, as amended.

The Clerk read as follows:

H.R. 2018

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. WAIVER OF 75/25 MEDICAID ENROLLMENT RULE FOR BETTER HEALTH PLAN, INC.

Effective July 1, 1997, the requirement of section 1903(m)(2)(A)(ii) of the Social Security Act (42 U.S.C. 1396b(m)(2)(A)(ii)) is waived, for contract periods through December 31, 1998, with respect to the Better Health Plan, Inc. operating in New York.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York [Mr. PAXON] and the gentleman from New York [Mr. ENGEL] each will control 20 minutes.

The Chair recognizes the gentleman from New York [Mr. PAXON].

Mr. PAXON. Mr. Speaker, I yield myself such time as I may consume.

(Mr. PAXON asked and was given permission to revise and extend his remarks.)

Mr. PAXON. Mr. Speaker, I rise today in support of H.R. 2018, legislation I offered along with my colleagues from New York on the Committee on Commerce. Our legislation is but a small piece of legislation but it is absolutely vital to many Medicaid recipients in the State of New York.

Better Health Plan, based in my district in Amherst, New York, needs an extension of their 75/25 waiver which expired on June 30, 1997. The 75/25 rule requires that any Medicaid managed care plan enroll at least 25 percent of their patients from the private sector. Without this legislation, Better Health Plan would be forced to disenroll thousands of Medicaid recipients. These recipients would face a disruption of their health care, and Mr. Speaker, we cannot allow this to happen. The 75/25 rule would be eliminated under the President's proposed budget as well as the congressional budget plan. Unfortunately the budget bill was not signed into law by June 30 of this year. Therefore, we need to take quick and decisive action on H.R. 2018.

I must also point out that the New York State Department of Health and

Better Health Plan were hoping the State's 1115 Medicaid waiver would be approved by this time. Approval of the 1115 waiver would have provided relief without the need for congressional action. Unfortunately, we were told by HCFA that a decision on the 1115 rule waiver would not come before June 30, 1997.

It is because of this that I offer H.R. 2018 today and ask that my colleagues quickly approve this legislation so that Better Health Plan may continue to provide quality health care to Medicaid beneficiaries, as they have since 1994. Better Health Plan is a Medicaid prepaid health services plan approved by the New York State Department of Health. At present, Better Health Plan operates in New York City and 11 counties across the State of New York. Better Health serves over 41,500 individuals of which 36,700 are Medicaid recipients.

I received a letter from the New York State Department of Health verifying that mandated surveys have been conducted by the State and there have been no quality-of-care deficiencies with Better Health Plan.

Therefore, before I close, I would like to thank my colleagues, the gentlemen from New York, particularly Mr. ENGEL, Mr. TOWNS, Mr. MANTON, and Mr. LAZIO who have all been helpful in bringing this legislation to the floor. I would also like to thank the gentleman from Virginia [Mr. BLILEY] and his staff for their prompt attention to this situation. It is because of this bipartisan effort that we will ensure that Medicaid patients in New York City/State will continue to receive quality health care.

Mr. Speaker, I reserve the balance of my time.

□ 1630

Mr. ENGEL. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I join with my friend and colleague, the gentleman from New York [Mr. PAXON], in strong support of H.R. 2018.

Let me say, as he has said, the five members of the Committee on Commerce from New York all strongly support the bill. Indeed, the Committee on Commerce passed the bill unanimously by voice vote. This, as the gentleman from New York said, would grant a waiver for the Better Health Plan from the 75-25 rule.

The Better Health Plan covers people throughout New York State, mostly northern New York, but also in the city of New York as well, and the 75-25 rule states that any Medicaid HMO plan must have a minimum of 25 percent participation from non-Medicaid enrollees. This rule has been eliminated in the Medicaid portion of the budget reconciliation measure.

However, as was pointed out, the budget plan has yet to be enacted and, because of that, Better Health must now begin disenrolling patients unless the bill before us is enacted. Better

Health Plan is a Medicaid prepaid health services plan approved by the New York State Department of Health to operate in the State since March 30, 1994. At present, as I mentioned, the plan operates in the five boroughs of New York City, as well as Westchester County, which I also represent, and in 11 other counties, and serves over 41,000 enrollees, including 37,000 Medicaid recipients.

Surveys conducted by the State of New York have not reported any quality of care deficiencies with Better Health. For the last 3 years, Better Health has operated under an exemption to the 75-25 rule that was granted by HCFA in June 1994. The waiver period ended last week on June 30 and Better Health will be required to send out notices of disenrollment to its enrollees unless this legislation is enacted. That is why it is so important we enact this legislation today. We must pass the measure before us today in order to ensure that the patients continue to receive the care they need.

I also want to mention, Mr. Speaker, that in addition, there are two other plans in New York that are also requesting waivers and find themselves in the same predicament that Better Health has found itself, and these two other plans are Health First and Genesis, the latter of which is in my district to a very large degree.

While both plans will not have to disenroll patients until later this year, because their waiver lasts a little longer, I would have preferred to see waivers granted for these plans also. I would have preferred to have seen it all in one bill. But should there be delays or problems arising in the future on the budget plan, I plan to work with my friend from New York, Mr. PAXON, and the Committee on Commerce should we need to address the situation later on in the year with regard to the other plans that I mentioned. So, Mr. Speaker, I strongly urge my colleagues to support this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. PAXON. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. ENGEL. Mr. Speaker, I yield such time as he may consume to the gentleman from New York [Mr. TOWNS].

Mr. TOWNS. Mr. Speaker, I thank my colleague for yielding me this time, and I want to begin by saying that I want to thank Members on both sides of the aisle and the leadership for moving this bill very quickly. Also I want to thank the staff on both sides of the aisle who have done a superb job. I could call the names, but I will not get into that because I might just leave a name out.

The Better Health Plan serves over 40,000 Medicaid recipients in the New York area. This plan provides services all over the five boroughs of New York City, including my district, which has close to 2,000 beneficiaries. Better

Health Plan offers many innovative health care programs for its Medicaid members and helps them become better consumers of health care, which is very, very important.

The plan also offers a wide variety of preventive services, including vision, hearing, lead screening tests and also provides counseling services for alcohol and tobacco and drug habits as well. The legislation waives the Medicaid 75-25 rule and will continue to make this plan available to New York residents.

My colleague mentioned earlier that there were some other New York plans that were also concerned about the fact that they were not included in this legislation. It is my hope that the waiver will come about and that we will not have to do that, but in the event it does not occur, I would like to assure him that I will join him in doing everything that I can to make certain that they are included because we need to make certain that people do not need to have frustration and tension because of the fact the 75-25 rule is in effect.

Again, Mr. Speaker, I want to thank my colleagues, the gentlemen from New York, Messrs. PAXON, ENGEL, MANTON and LAZIO, and also thank my staff person, Brenda Pillors, who worked very hard on this.

Mr. MANTON. Mr. Speaker, as an original cosponsor of this legislation, I rise in strong support of H.R. 2018, a bill to extend the 75-25 Medicaid waiver for Better Health Plan of Amherst. I want to thank my colleagues on the Commerce Committee, particularly Representatives PAXON, TOWNS, ENGEL, and LAZIO for their efforts in bringing this legislation to the floor in such a swift manner.

Better Health Plan of Amherst provides essential services to its beneficiaries in the five Boroughs of New York City and eleven counties throughout New York State. Of the 40,000 individuals Better Health Plan serves, 36,700 are Medicaid recipients. H.R. 2018 would ensure uninterrupted delivery of quality health care for those who rely on the services provided by Better Health Plan. The quality services provided by Better Health Plan range from increased access to health care to intensive health education for its members.

Mr. Speaker, I urge my colleagues to support this legislation which would guarantee that Better Health Plan of Amherst can continue to provide quality, low-cost health care to its numerous beneficiaries.

Mr. QUINN. Mr. Speaker, I rise today in support of H.R. 2018, a bill that provides a temporary Medicaid waiver for the Better Health Plan in New York. This is a bill that I strongly support, Mr. Speaker, and I urge all of my colleagues to do the same.

Thousands of Medicaid patients in New York are anxiously waiting to see if the doors to their health care office will remain open tomorrow morning, due to the 75/25 Medicaid enrollment provision. According to this provision, 25 percent of a health plan's patients must be enrolled from the private sector. If a health plan cannot meet this goal, they must start disenrolling patients. The Better Health Plan, in Amherst, NY is in danger of having to disenroll more than 36,000 Medicaid recipients, since their 75/25 waiver expired on June 30 of this year.

This bill will grant the Better Health Plan an extended waiver of the 75/25 provision until December 31, 1998, thereby aiding low income New York residents. I remain committed to ensuring quality care for New York Medicaid patients, which can be done by other means than a 75/25 provision. However, we cannot and should not sit here and order health care providers to close their doors on more than 40,000 patients. Quick action is needed to ensure that the quality care that Medicaid patients are now receiving from health plans will continue. The future of Medicaid recipients hangs in the balance at this time while the very real threat of termination of care and services to these lower income residents is dependent upon this vote. Please don't let these people down, support H.R. 2018.

Mr. ENGEL. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. GOODLING). The question is on the motion offered by the gentleman from New York [Mr. PAXON] that the House suspend the rules and pass the bill, H.R. 2018, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### GENERAL LEAVE

Mr. PAXON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 2018 and to insert extraneous material.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

#### PROVIDING FOR CONSIDERATION OF H.R. 2016, MILITARY CONSTRUCTION APPROPRIATIONS ACT, 1998

Mrs. MYRICK. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 178 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 178

*Resolved*, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 1(b) of rule XXIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 2016) making appropriations for military construction, family housing, and base realignment and closure for the Department of Defense for the fiscal year ending September 30, 1998, and for other purposes. The first reading of the bill shall be dispensed with. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chairman and ranking minority member of the Committee on Appropriations. After general debate the bill shall be considered for amendment under the five-minute rule. Points of order against provisions in the bill for failure to comply with clause 2 or